



Natural Resources and Environmental Protection Cabinet

Department for Environmental Protection
Division of Waste Management
14 Reilly Road
Frankfort, Ky. 40601
Phone # (502) 564-6716
Fax (502) 564-4049

Application for a
Minor Modification
To Add or Delete Waste Sources
DEP Form 7047 (9/01)

General Instructions

1. **USE OF THIS APPLICATION** - This form is to be used to add or delete waste sources to contained, construction/demolition debris, residual, and special waste landfills. This request for a minor modification does not require a notice to the public.
2. **PREPARATION ASSISTANCE** - Questions regarding this application form should be directed to the Division of Waste Management, Solid Waste Branch, at the address and phone number above.
3. **SUBMISSION** - Submit this application form with original signatures plus two additional copies to the Solid Waste Branch of the Division of Waste Management at the address above. Complete each section of the form. If an item is not applicable to your application, write "N/A" for not applicable. The Cabinet may require additional information upon review of the application.
4. **FILING FEE** – All applicants, except publicly owned facilities, must submit the filing fee of \$50 made payable to “**Kentucky State Treasurer**” with the application in accordance with Kentucky regulatory and statutory requirements.

DEP# _____

A. General Information

1. Applicant Name _____
Address _____
City _____ State _____ Zip Code _____
Facility Name _____
Facility Permit No. _____ Phone Number (____) ____ -- _____
Contact Person _____

2. Mailing Address (If different from Above)

Address _____
City _____ State _____ Zip Code _____
Phone Number (____) ____ -- _____
Contact Person _____

3. Correction to the application are to be made by:

Applicant _____
Consultant _____
Address _____
City _____ State _____ Zip Code _____

4. Type of request: _____adding source(s) _____deleting source(s)

5. Type of landfill:

_____ contained
_____ construction/demolition debris
_____ residual
_____ special waste

6. Please demonstrate that this modification will be consistent with the solid waste plan for the host county by completing the information below:

Current remaining landfill capacity _____cubic yards
Estimated remaining life of disposal site – **Before** source added _____years
After source added _____years

DEP# _____

B. Certification 401 KAR 47:160, Section 6(4)

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

Original Signature of Responsible Official

Date

Type the Name of the Responsible Official

Title

Name of Applicant, e.g. Corporation or Unit of Government

Subscribed and sworn before me by _____

this the _____ day of _____, 19____.

Notary Public Signature _____

My commission expires _____.